

Improving the Health of Colorado Citizens

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The Present System

Fragmented, confusing to navigate, inadequate services that frustrate



A Transformed System

Consumer-driven, coordinated 'no wrong door' quality services supporting recovery



Challenges to Improving Health Care Delivery Systems

- ★ **Disparate planning processes and priorities**
- ★ **Differences in agency cultures across systems and within newly consolidated agencies**
- ★ **Diverse data information systems and incompatible technology and technology is not viewed as a cost saving tool**
- ★ **Competition between providers and stakeholders for system resources**
- ★ **Incongruent business processes**
- ★ **Parallel service delivery systems**
- ★ **Lack of a organizing framework and leadership to advocate for change**

Core Features of Transformed Systems

1. A compelling organizing framework and vision
2. Strong State Authority leadership
3. Strategic investing of ALL resources
4. Re-engineering processes to reduce redundancy and inefficiency and improve access, retention and outcomes
5. Broadened stakeholder base

1. Organizing Framework and Vision

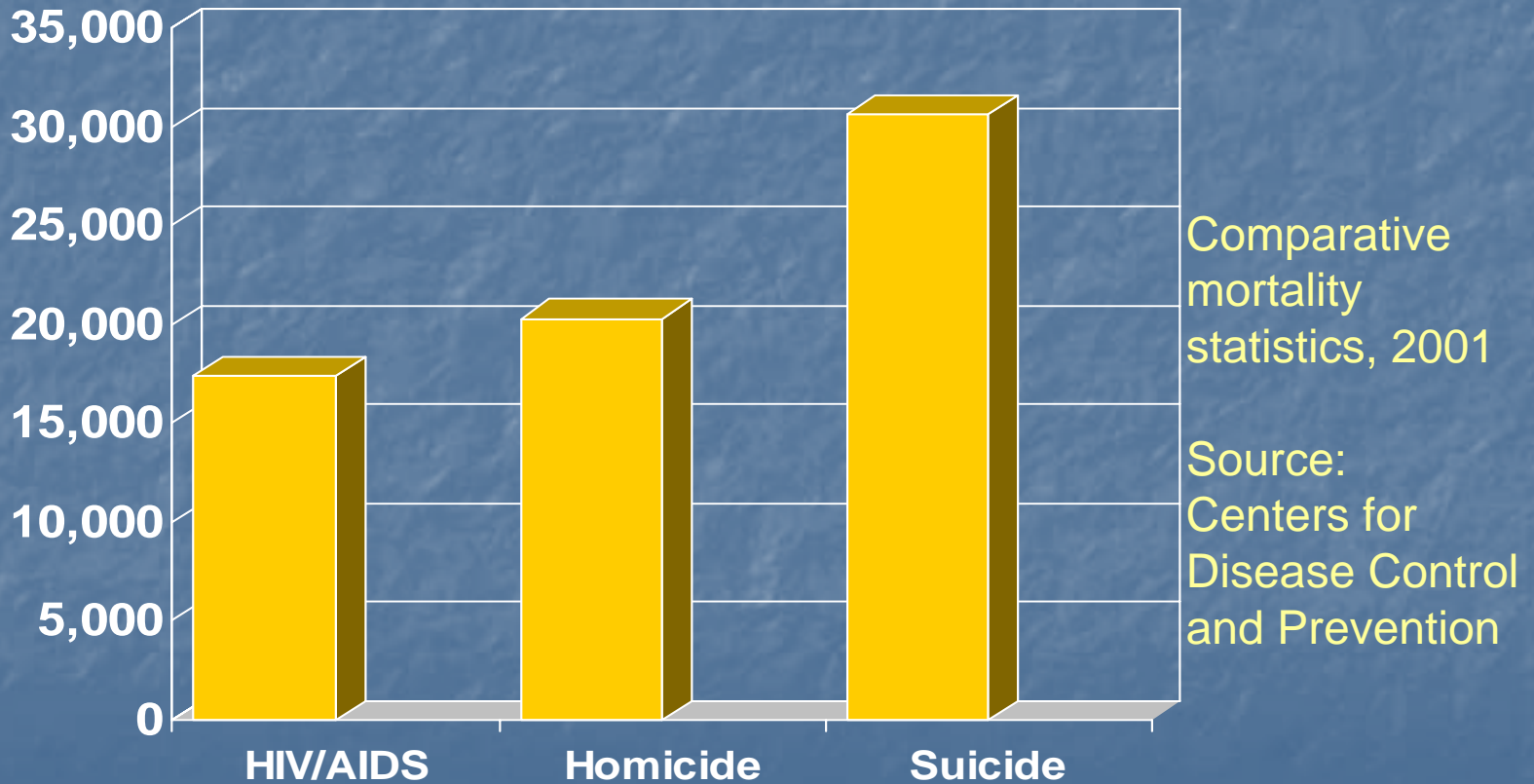
- Are mental and substance use disorders a “state of nature” or a problem governments have an obligation to address?
- Do we know the social and economic costs of substance abuse and mental illness in real terms at both the state and local level?
- Do we believe mental health is essential to overall health? Mortality data for those with mental illness says it is.
- If we believe we have an obligation to respond, realize the true costs and view prevention and recovery as the desired outcome; then we must change the way we currently do things.
- Change is usually incremental, but there must be a game plan.

WHO Rankings: Years of life lost to premature death and years lived with a disability

1. Unipolar major depression	10.7%
2. Iron deficiency anemia	4.7
3. Falls	4.6
4. Alcohol use	3.3
5. Chronic obstructive pulmonary disease	3.1
6. Bipolar disorder	3.0
7. Congenital anomalies	2.9
8. Osteoarthritis	2.8
9. Schizophrenia	2.6
10. Obsessive compulsive disorders	2.2

*Disability-adjusted life year (DALY)

Mental health as a public health crisis



Behavioral Health Problems Cross Systems and Generations

- 75% of children placed in foster care have parents with behavioral health problems
- 75% of kids in the juvenile justice system have behavioral health problems
- 30% of kids in the juvenile justice system will end up in the adult justice system
- 46% of all ER visits have behavioral health issues as a basic or contributing factor
- 30% of all truancy is related to behavioral health problems

**SENATE OF TEXAS
HEALTH AND HUMAN SERVICES COMMITTEE
STRATEGIC AREAS**

- 1. Early intervention, both in the course of illness and in the lifespan;**
- 2. Reduction of disparities, across populations of different races/ethnicities and across geographic areas;**
- 3. Implementation of evidence-based practices in uniform, standardized ways across agencies;**
- 4. The use of new technologies, data coordination and sharing to enhance access and the quality of care; and**
- 5. Ensuring that consumers and family members have mechanisms to reflect their needs and priorities in policies, plans, and their own care.**

2. Leadership and a Strong State Authority

- Is the role of the State MH/SA Authority to manage funding under their direct purview or is it to improve the health of all Coloradoans?
- Limited Authority responsibilities include: purchasing, planning, coordination of care, standard setting resource management and regulation.
- Full Authority responsibilities include all the above and: public and private sector leadership, improving the education and preparation of the workforce and facilitating cross system transformation.
- Essential tools: clear legislative support, human resources, technology, ability to create momentum for and manage outcomes and system-wide change.

Texas Transformation Framework

- **Based on IOM Quality Chasm Framework**
 - **Purchase for Quality**
 - **Information Technology**
 - **Expand use of Evidence-based Services**
 - **Develop the Workforce**
- **Used Adverse Childhood Experience Study to Frame Early Intervention and Cross Agency Focus**
- **The Mission, within our newly consolidated agency, was clearly articulated as one of improving health outcomes for ALL Texans**

Adverse Childhood Experiences (ACE) Study

- As a follow-up to a pilot study, Kaiser Permanente & CDC conducted the ACE study
- Study involved 19,000 mostly middle class, middle aged adults
- Results show childhood abuse & household dysfunction led to chronic diseases decades later
- Traditionally viewed as public health problems, behaviors may also be coping mechanisms

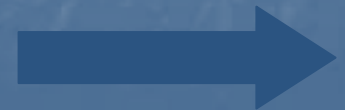
Adverse Childhood Experiences

Child Abuse or Neglect

- Physical abuse
- Sexual abuse
- Abandonment

Trauma in Child's Household

- Substance Abuse
- Parental divorce
- Mentally ill or suicidal household member
- Violence to mother
- Imprisoned household member



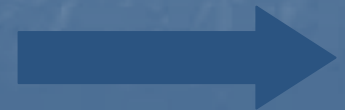
Adverse Childhood Experiences

Effects of Trauma

- Difficulty controlling anger
- Hallucinations
- Depression
- Panic reactions
- Anxiety

Health Risk Behaviors

- Smoking
- Obesity
- Suicide
- Alcoholism
- Drug abuse
- Sexually transmitted disease
- Self-injury
- Eating disorders



Adverse Childhood Experiences

Long-Term Consequences

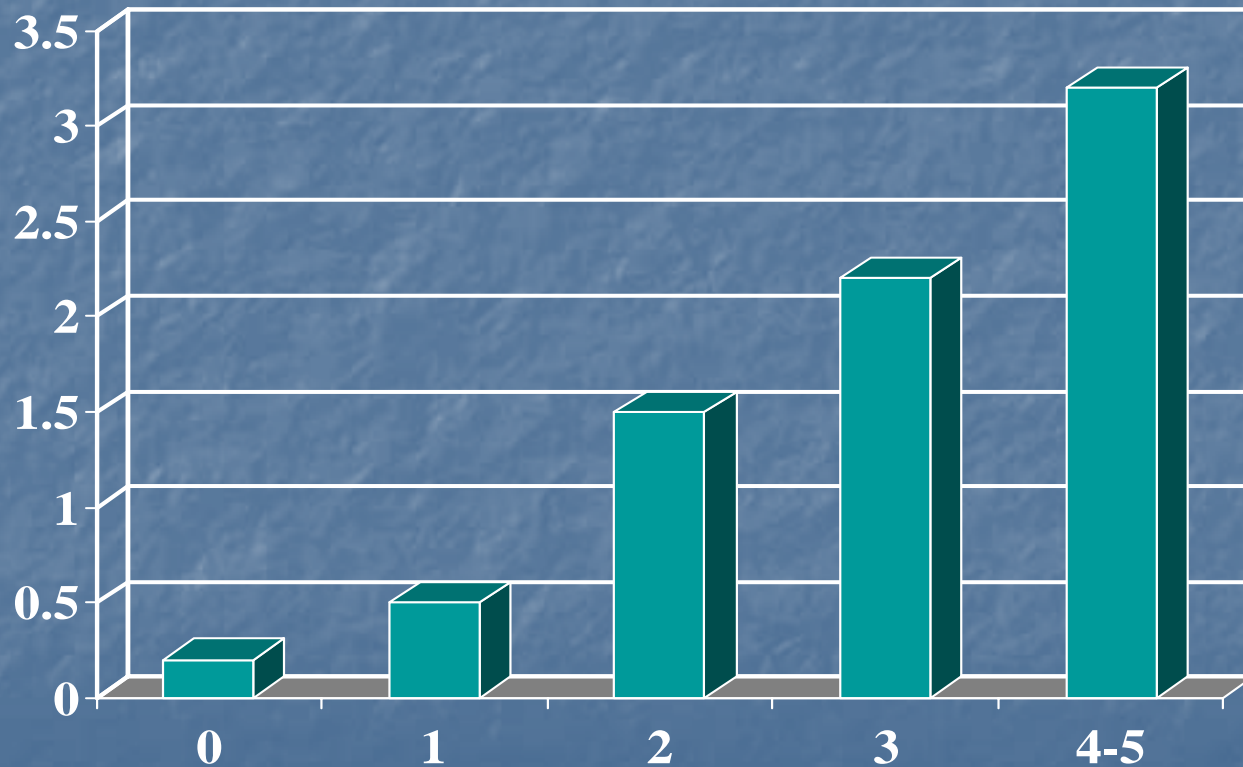
Disease and Disability

- Heart disease
- Cancer
- Chronic lung disease
- Emphysema
- HIV/AIDS

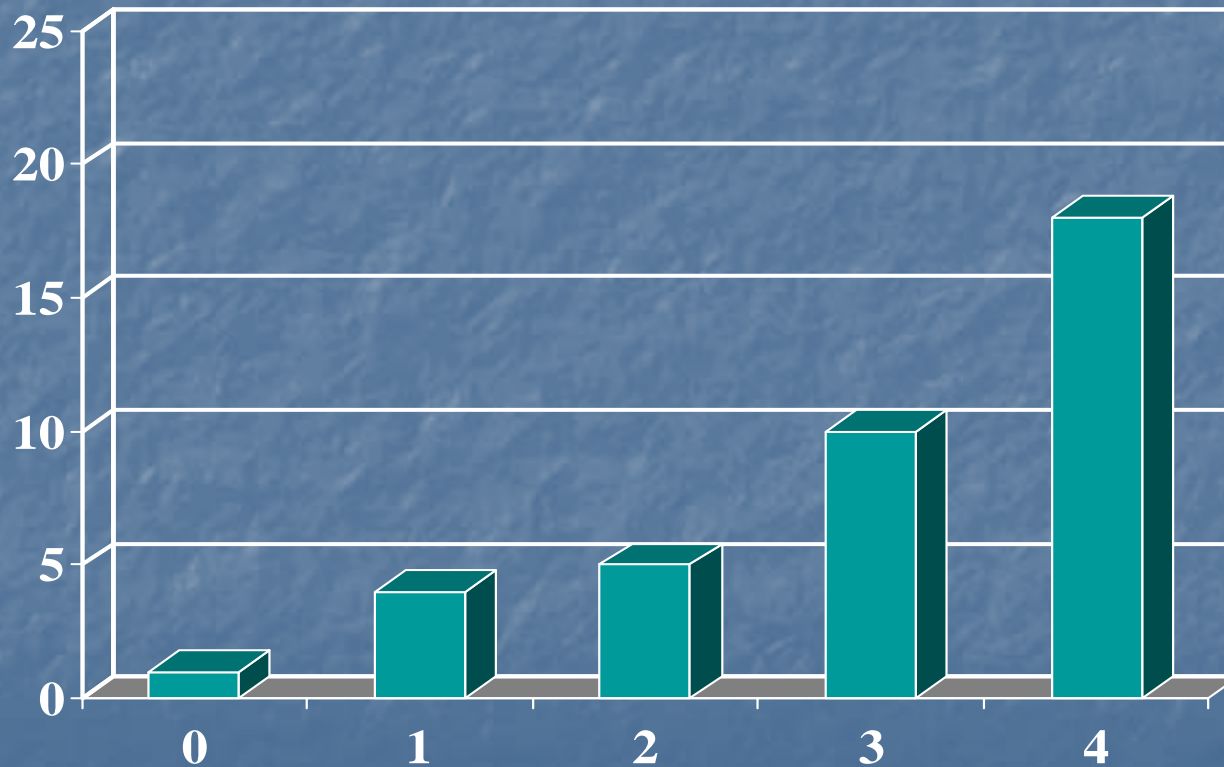
Social Problems

- Homeless
- Prostitution
- Delinquency, violence and criminal behavior
- Re-victimizations: rape; domestic violence
- Unemployment
- Inter-generational transmission of abuse

Adverse Childhood Experiences & Intravenous Drug Use



Adverse Childhood Experiences & Attempted Suicide



3. Strategic Investing of ALL Resources

- Pre-Requisites include knowing who is in need of and being provided any publicly funded MHSA services, at what cost and with what outcome.
- There are many different ways to accomplish strategic investing, but they should all include performance based contracting for services, adequate technology support and consistently defined cross system outcomes including cost offset or return on investment.
- Cross system data matching is a powerful tool for making the business case for system change.

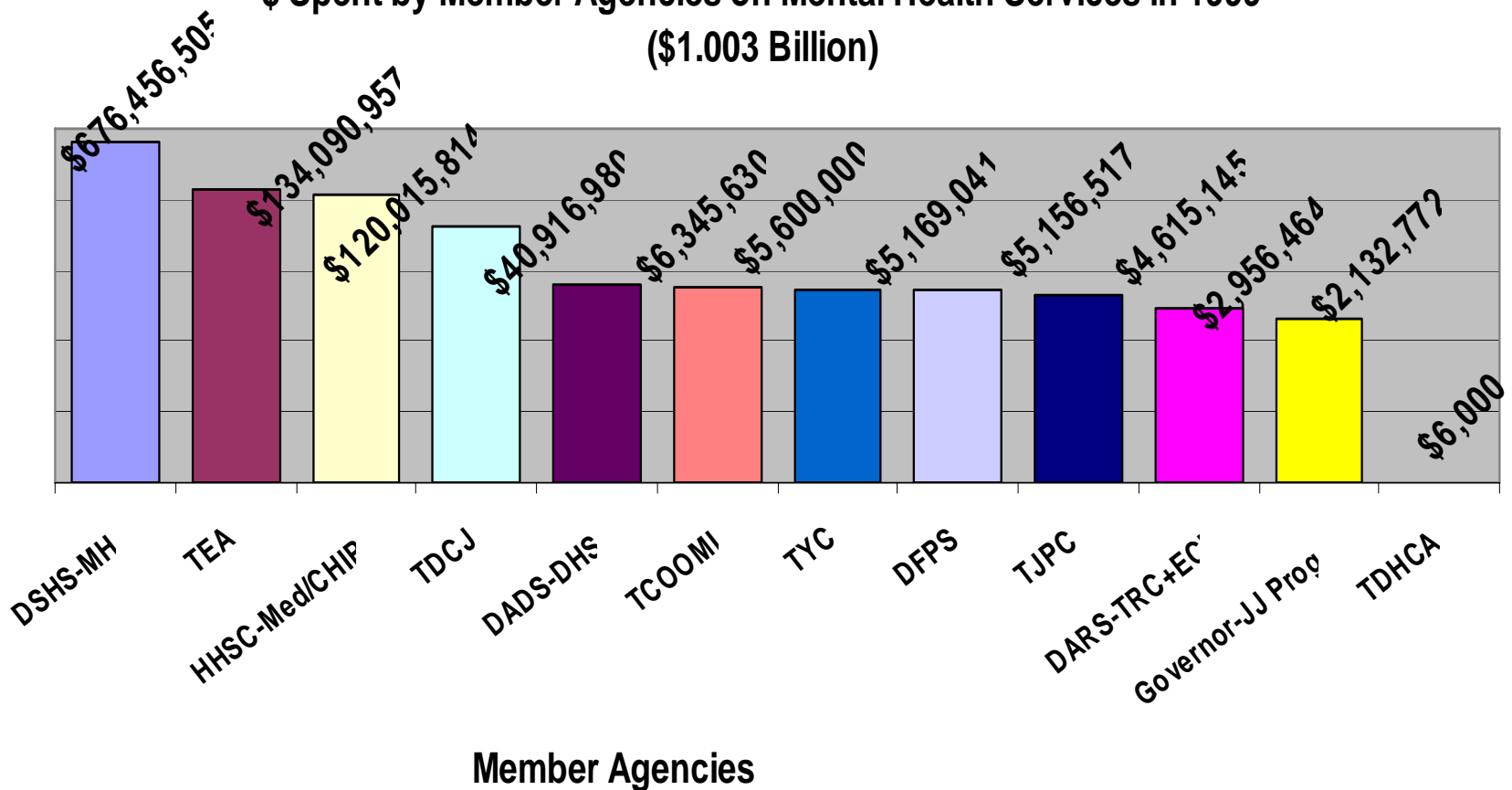


CHANGE

IT'S A SHORT TRIP FROM RIDING THE WAVES OF CHANGE TO
BEING TORN APART BY THE JAWS OF DEFEAT.

Texas State Agency Resources Spent on Mental Health

\$ Spent by Member Agencies on Mental Health Services in 1999
(\$1.003 Billion)

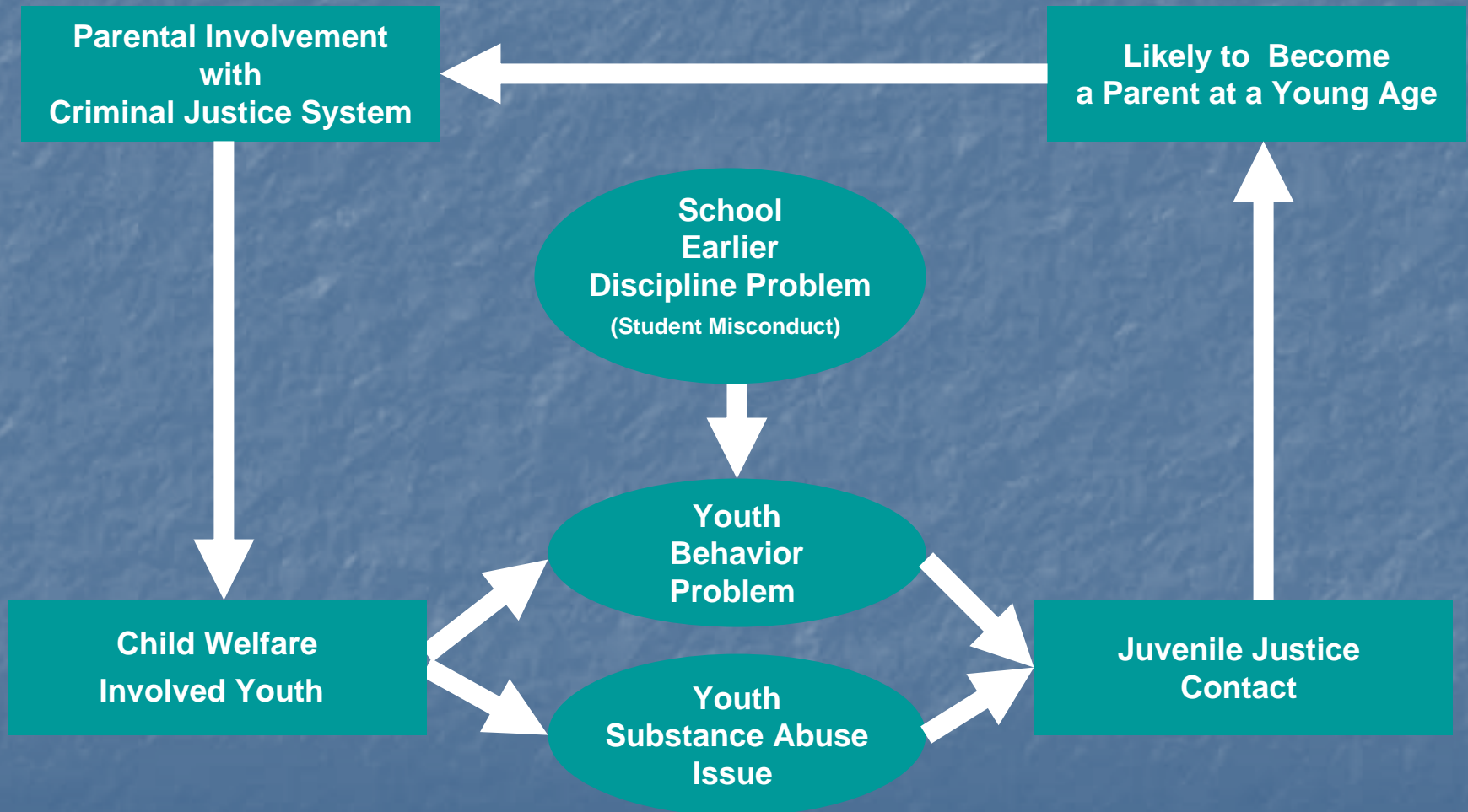


A Greater Percentage of Victims of Child Abuse/Neglect with Juvenile Justice Contact had Criminal History in their Family, had a Behavior Problem, and/or had a Substance Abuse Issue

RISK INDICATOR	WITH Texas Youth Commission Contact (n = 176)	WITHOUT Texas Youth Commission Contact (n = 12,155)
1. Youth's Family Members Had Been Victims/Perpetrators of Domestic Violence/Abuse	61.4%	58.3%
2. Youth's Family Members Had Criminal History	66.5% >	47.6%
3. Youth's Family Members Had Difficulty Dealing with Stress	68.8%	66.4%
4. Youth's Family Members Had Substance Abuse Problems	47.7%	39.6%
5. Youth Had Lack of Extended Family Support	11.9%	15.2%
6. Youth Had Behavior Problem	60.8% >	18.3%
7. Youth Had Mental Health Issue	12.5%	5.8%
8. Youth Had Substance Abuse Issue	19.3% >	3.3%

Source: DFPS Child Protective Services and TYC client databases, from Ruggiero, K.M., and Mason, M. (2006). *The role of behavioral health services among youth in Texas at risk for juvenile justice involvement: Multi-agency data-matching project for the Policy Academy on Co-Occurring Substance Abuse and Mental Health Disorders*. Austin, TX.

A VICIOUS CYCLE?

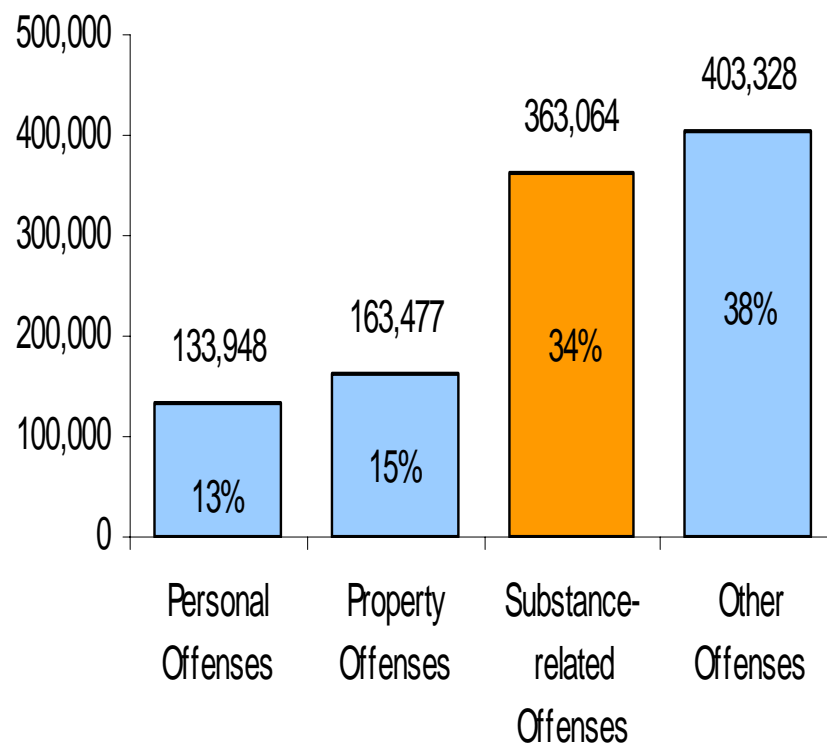


Number and Percentage of all Arrestees in Texas by Type of Offense in 2003

Over 1/3 of all arrests in Texas in 2003 were substance abuse related.

Substance related offenses were more prevalent than property and personal offenses

Texas law enforcement devoted more time and resources in arresting and processing substance related offenses than all property and personal offense combined.



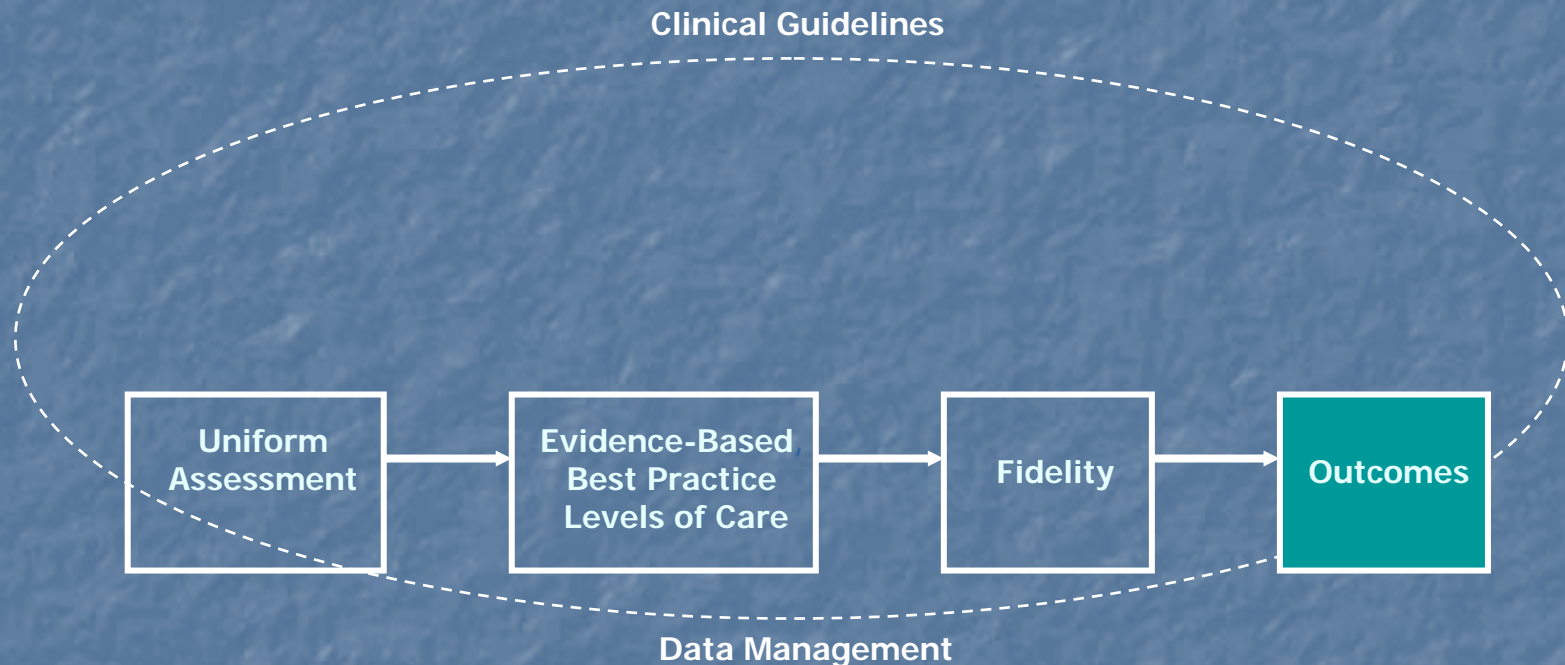
Pooled Purchasing in the NorthSTAR Managed Care Project

- Transformed separate, disparate systems of care into one system of care.
- Pooled state, federal and local MH and SA dollars and virtually all Medicaid service groups.
- Reduced State and provider administrative costs.
- Provides comprehensive benefit package for eligible Medicaid and medically indigent individuals.
- Access to services determined by clinical need, not funding source.
- Continuation of services regardless of Medicaid status.

4. Re-engineering Processes to Improve Access and Retention

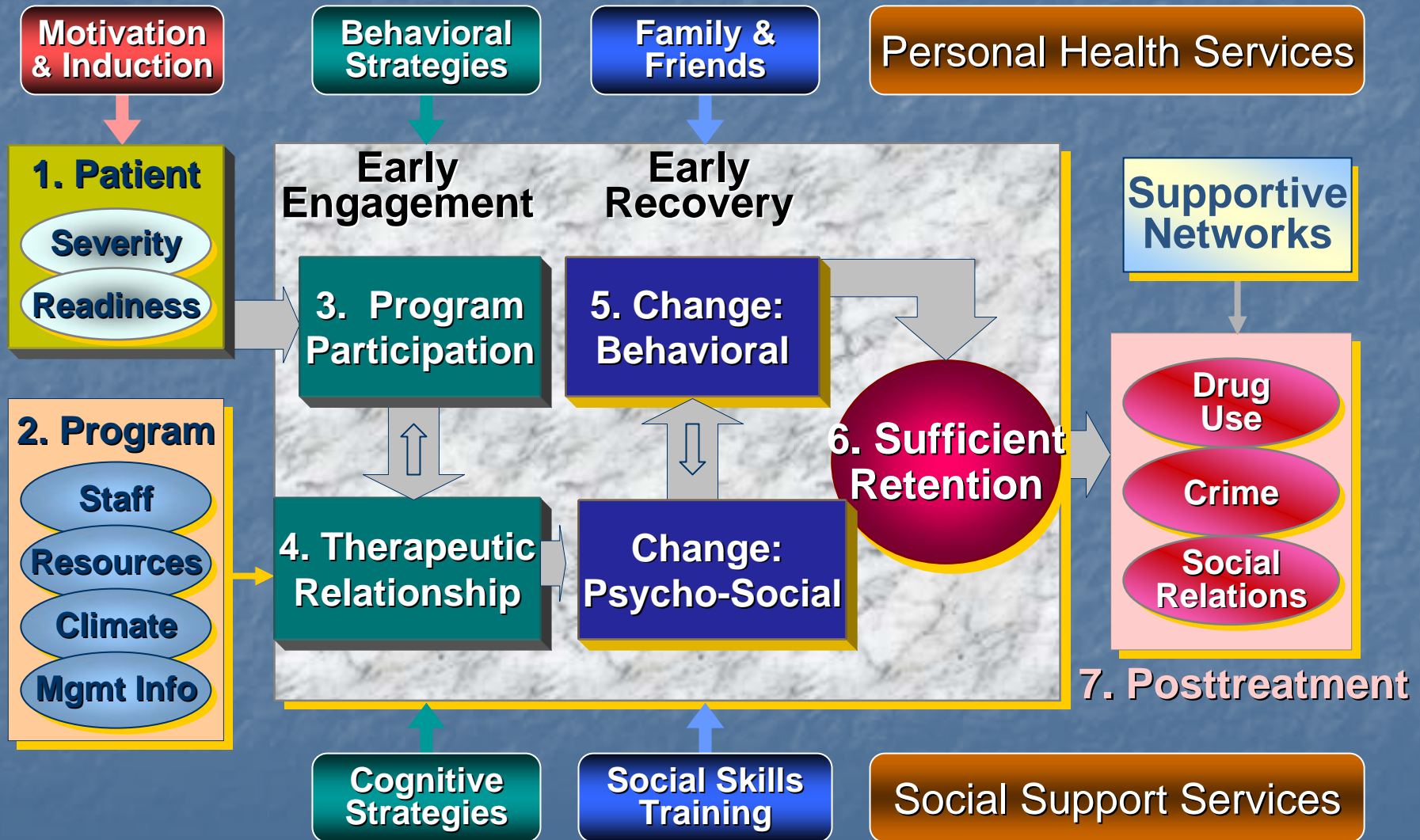
- Early intervention
- Comprehensive and evidence-based service array
- Clearly articulated expectations and the ability to measure system efficiency and effectiveness in a timely way
- Using Return on Investment as a driver for collaboration and system change

Mental Health Resiliency and Disease Management (RDM)



- Pre-requisites included: performance contract, Texas Medication Algorithms, uniform assessment tools, and historical exposure to evidence-based practices
- Driver for comprehensive system change was legislative mandate to implement disease management practices for MH priority population

Substance Abuse Evidence-Based Treatment Model



Crisis Services Redesign

■ Catalyst for change included:

- high profile bad outcomes resulting from inadequate crisis response
- State hospital overcrowding and resulting law enforcement burden
- Judicial frustration with lack of responsiveness
- Overuse of local hospital ERs
- Disparities in the adequacy of local MH centers crisis programs

■ Crisis Services Redesign - Essential Clinical Services:

- Crisis Hotline
- Mobile Crisis Outreach Teams (MCOT)
- 23 hr. – 48 hr. Extended Observation
- Crisis Outpatient Services
- Crisis Residential Services
- Law Enforcement – Crisis Intervention Training and Mental Health Deputies Programs

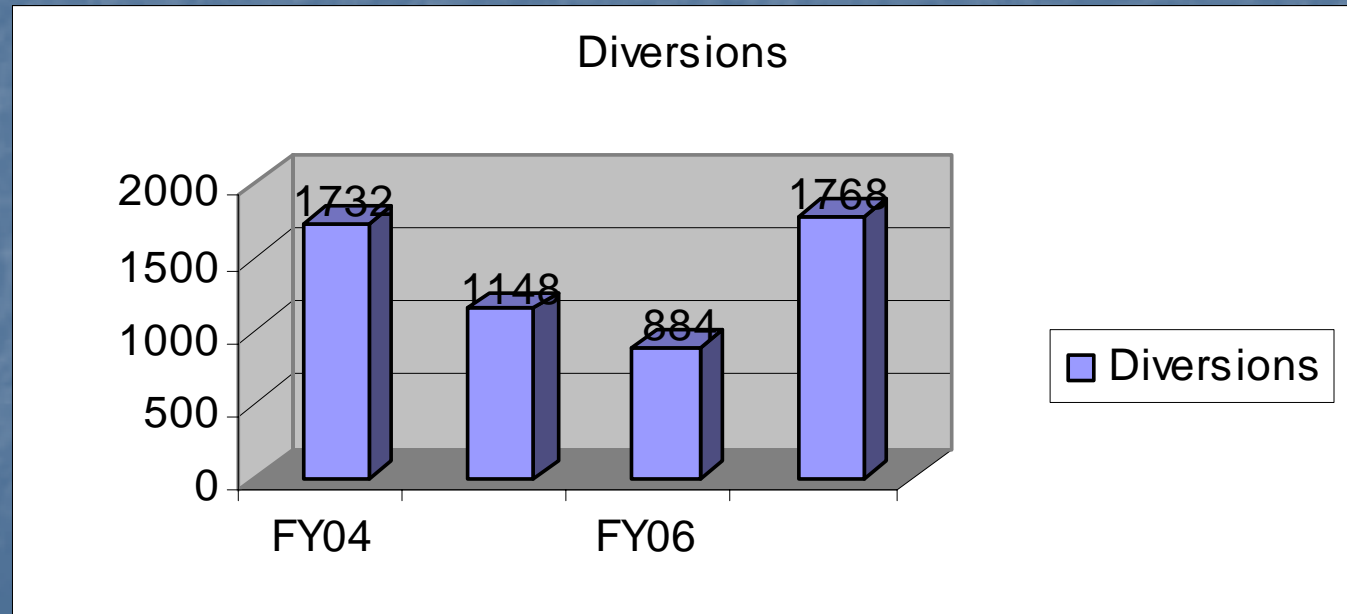
Estimated state-wide ROI is \$80 Million per year

Jail Diversion Program Performance

In Bexar County Texas 3,764 persons suffering from mental illness were diverted from inappropriate incarceration (Sep 2004-March 2006).

Diverted

FY 2004	1732	Actual
FY 2005	1148	Actual
YTD 2006 (six months)	884	Actual



Demonstrated Outcomes and Return On Investment for San Antonio Jail Diversion Program

The opening of a new centrally located Crisis Care Center operating 24/7 providing medical and mental health screenings. Averaging over 700 screenings per month this center began full operations with joint medical and psychiatric screening as of August 29, 2005.

Within three months of operations the new Crisis Care Center reduced wait times for medical screenings for Law Enforcement Officers from nine (9) hours to 45 minutes and further reduced wait times for combined psychiatric and medical screenings from 12 hours to 65 minutes.

Interim results during Fiscal Year 2004 showed an estimated range of \$3.8 million to \$5.0 million dollars in avoided costs within the Bexar County Criminal Justice System.

Features of NorthSTAR

- Open access system- no waiting list for services (wait list for new generation medications)
- Services are broad and flexible (evidence based)
- Consumer choice of providers
- More expansive provider network, with competition among providers
- Services are regularly reviewed by licensed care management staff to ensure appropriateness
- High level of accountability-rigorous contractual requirements, managed by routine site reviews and analysis of comprehensive service level data
- Universal access for crisis/emergency services
- Stakeholder input is the centerpiece of the program

What has NorthSTAR Accomplished?

- Increase in number served- more clients receive services now than prior to NorthSTAR
 - ↳ increase in # served from pre-NorthSTAR to present is approx. 100%
- The average number of services delivered per enrollee is higher than anywhere else in Texas
- Integration of all levels of care
- Substantial growth in provider network to serve Medicaid and non-Medicaid populations
- Jail Diversion Strategies- in calendar year 2003, 10,822 individuals were diverted from jail and brought to Green Oaks Hospital by law enforcement.
- Jail Instant Messaging tool reduces time before diversion takes place

5. Broaden the Stakeholder Base

- Public Health Framework must include Prevention and Early Intervention in all aspects of cross system design.
- The public MHSA system will NEVER be able to have a meaningful and sustained impact on their own.
- The private sector including businesses and foundations are critical strategic partners.
- Set a goal of bringing 25,000 consumers and family members into the communication loop about MHSA needs and opportunities. Use the Web to create communities of interest.
- We need to build fences at the top of the cliff rather than parking an ambulance at the bottom.

Final Point: Key Roles for System Change

- Political Stream – What aspect of this change can build political leadership?
- Problem Stream- How do we define the problem as one requiring a governmental solution?
- Policy Stream – Are there available feasible solutions or alternatives
- Policy Entrepreneurship – Are there persons or organizations who can invest the energy and intellectual capital to place the issue on the agenda and pursue change at the right time?

It must be remembered that there is nothing more difficult to plan, more doubtful of success, nor more dangerous to manage than the creation of a new system.

For the initiator has the enmity of all who would profit by the preservation of the old institution and merely lukewarm defenders in those who gain by the new one.

Nicola Machiavelli